



Utah Department of Transportation

Request for Paydown of Compensatory Leave and/or Excess Leave

Employee Name: _____ Home Unit: _____

EIN: _____

FLSA Status: Non-Exempt Exempt
(circle one)

Request for paydown of: (check one box based on FLSA status)

	Comp Leave	Excess Leave
Non-Exempt	<input type="checkbox"/>	<input type="checkbox"/>
Exempt	(not eligible)	<input type="checkbox"/>

	Comp (C)	Excess (X)
Hours available before paydown	_____	_____
Hours requested for paydown	_____	_____
Hours available after paydown	_____	_____

Employee's Signature

Date

Supervisor's Signature

Date

Budget Funds Available Yes ☐ No ☐

Submit completed form to the Comptroller's Office Payroll Coordinator for processing.